

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 08130.03
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		2		1			62						
13		2		1			63						
14		2		1			64						
15		2		1			65						
16		2		1			66						
17		2		1			67						
18		2		1			68						
19		2		1			69						
20		2		1			70						
21		2		1			71						
22		2		1			72						
23		2		1			73						
24		2		1			74						
25		2		1			75						
26		2		1			76						
27		2		1			77						
28		2		1			78						
29		2		1			79						
30		2		1			80						
31		2		1			81						
32		2		1			82						
33		2		1			83						
34		2		1			84						
35		2		1			85						
36		2		1			86						
37		2		1			87						
38		2		1			88						
39		2		1			89						
40		2		1			90						
41		2		1			91						
42		2		1			92						
43		2		1			93						
44		2		1			94						
45		2		1			95						
46		2		1			96						
47		2		1			97						
48		2		1			98						
49		2		1			99						
50		2		1			100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.		1		1			TOTAL DEP.						
TOTAL CLAIMS	1	1	1	1			TOTAL CLAIMS						